

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-509234

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		(1)		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		2		1		
10		(1)		1		
11		(1)		1		
12	1			1		
13		(1)		1		
14		(1)		1		
15	1		1			
16		1		1		
17		(1)		1		
18		(1)		1		
19		(1)		1		
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TOTAL IND.	3		2			
TOTAL DEP.	29		18			
TOTAL CLAIMS	32		20			

	INC.		DEP.		IND.		DEP.	
	INC.	DEP.	INC.	DEP.	INC.	DEP.	INC.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								